

Incident Report

Print Date/Time: 05/26/2016 11:31

Login ID: ss0100

Lake Stevens Police Department

Female

10/23/1998

ORI Number: WA0311900

Incident: 2016-00009162

 Incident Date/Time:
 5/14/2016 11:35:56 AM

 Location:
 922 123RD AVE NE

LAKE STEVENS WA 98258

Phone Number: (425) 356-9500

Report Required: No Prior Hazards: No LE Case Number:

Venue: Lake Stevens
Source: 911

Collision

 Source:
 91

 Priority:
 3

 Status:
 3

Nature of Call:

Incident Type:

Unit/Personnel

Unit Personnel
19D2 SS0127-Adams

Person(s)

No. Role Name Address Phone Race Sex DOB

1 Driver JONES, RAYANA

LASHAE

2 Reporting Party MCNEAL, JEANIE

3 Involved Party MCNEAL, JEANNIE Female 06/17/1961

MARIE

Vehicle(s)

Role Type Year Make Model Color License State Involved Vehicle AYG1970 WA Involved Vehicle 1998 Ford Green AYG1970 WA Passenger Car

Disposition(s)

Disposition Count

R 1

Property

Date Code Type Make Model Description Tag No. Item No.

CAD Narrative

05/14/2016: 11:36:41 SP0298 Narrative: CC, 5 AGO NABOR DROVE GRN PC THRU RP FENCE, NON INJ

(C)		2 3 27						
1850	COLLISION REPORT 1591971 INTERSTATE CITY STREET FIRE RESULTED CASE # 2016-00009162							
1 9	STATE ROUTE OTHER VEHICLE LOCAL AGENCY CODING	一						
2 1	COUNTY RD PRIVATE WAY INVOLVED TOTAL # OF BOOK OBJECT TOFF OR CT/// TOTAL # OF BOOK OBJECT TOFF OR CT//// TOTAL # OF BOOK OBJECT TOFF OR CT/// TOTAL # OF BOOK OBJECT TOFF OR CT// TOTAL # OF BOOK OBJECT TOFF	28						
<u></u>	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#							
°	DATE OF COLLISION 05 - 14 - 2016 1135 31 S W OF W OF W 0664 3							
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	0 1 29						
4a	MILE POST 900							
5 A	DISTANCE OF (REFERENCE OR CROSS STREET) MILES N E W							
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET VEHICLE PHONE D: 4253736344 N: 3165199590	30						
6	LAST NAME JONES FIRST NAME RYANA MIDDLE INITIAL L							
	STREET 1009 E LAKESHORE DR							
7	CITY LAKE STEVENS ST WA ZIP 98258	1 2 31						
8	CDL RESTRICTIONS ENDORSEMENTS 2							
9 9	DRIVER'S LICENSE # JONESRL021P3 STATE WA SEX F D.O.B. MMDDYYYY 10 _ 23 _ 1998	<u> </u>						
10	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 9 HELMET 9 INJURY 1	32						
11 0 0	LICENSE PLATE # AYG1970 STATE WA VIN# 1FAFP52U9WG163111	\blacksquare						
12	TRAILER PLATE # STATE TRAILER STATE							
13	1998 TORD TAUAD SD YES NO YES	7 3 33						
14	UABILITY INSURANCE INSURANCE CO AMEDICAN EANILY MITTIAL INC CO 20070E4004	ROM TO						
15 6	NEFFECT 2 POLICY # AMELINATIVE MOTORE MC COLORS 10 SOTTOM 5 OF TOP 10 SOTTOM 5	34						
16	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY VEHICLE PEDESTRIAN PROPERTY OWNER PHONE PHONE D: 4253569500	35						
"	LAST NAME MCNEAL FIRST NAME JEANNIE MIDDLE MINITIAL M	36						
17	STREET NEW ADDRESS 922 123RD AVE NE	37						
18	CITY LAKE STEVENS ST WA ZIP 98258	38						
19	CDL RESTRICTIONS ENDORSEMENTS	39						
20	DRIVER'S LICENSE # SEX F D.O.B. MMDDYYYY 06 - 17 - 196 1	40						
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY USE CLASS							
22	LICENSE PLATE # STATE VIN#							
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	41						
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. YEHICLE NO YES NO TOWED BY	42						
	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE CO & POLICY # INSURANCE CO & POLICY # 9 TOP							
25	LIABILITY INSURANCE INSURANCE CO NEFFECT 9 TOP VEHICLE YES NO CITATION # CHARGE TO STAVIDING R 7 6							
25	SARDICER'S NAME (PRINT) BADGE OR ID # AGENCY WA0311900							
-"	PART A 3000-345-159 R (7/06)							





CORRECTION

REPORT NO.

E547244

1	591	97

CASE # 2016-00009162

	ADDITION	AL PERSONS INVOL	VED (PASSEN	GERS AND/OF	RWITNE	SSES ONLY)						
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #					SEX	D.O.B. MMDDYYYY	[-				
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELM	MET INJURY CLASS		NATURE OF INJU	JRIES			
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #					SEX	D.O.B. MMDDYYYY	_[-				
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELN US	MET INJURY CLASS		NATURE OF INJU	JRIES			
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #					SEX	D.O.B. MMDDYYYY	-[-				
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELM	MET INJURY CLASS		NATURE OF INJU	JRIES			
NARRATIVE												
Please see subsequent narrative pages												
I CERTIFY (DECLARE) UNDER PENALTY OF	PERJURY UNDI	ER THE LAWS OF THE ST.	ATE OF WASHII	NGTON THAT TI	HE FORE	GOING IS TRUE AN	ND CORR	ECT. (RCW 9 <i>A</i>	ā.72.085)			
I CERTIFY (DECLARE) UNDER PENALTY OF N. ADAMS INVESTIGATING OFFICER'S SIGNATURE		ER THE LAWS OF THE ST		NGTON THAT TI	_	GOING IS TRUE AN	ND CORR	ECT. (RCW 9A	A.72.085)			
			<u>05-14-</u> 1		- -			ECT. (RCW 9A	A.72.085)			

REPORT NO. E547244 CASE # 2016-00009162 DATE AND TIME OF COLLISION 05/14/16 11:35

NARRATIVE

On 05/14/16 at about 1135 hours (all times approximate), I responded to a collision at 922 123rd Ave NE, in the city of Lake Stevens.

Vehicle 1 was parked at the top of the driveway before it was driven forward through a fence and down the hill in the backyard of their neighbor's property. The vehicle struck a large tree and drove over a rock retention wall, both on the neighbor's (McNeal) property. Vehicle 1 had an expired insurance card but said they had valid insurance.

An exchange of information was provided to the homeowner whose property was damaged.

END OF REPORT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Nathan Adams #127 5/14/2016 Lake Stevens, WA

Officer Date Location Signed

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Location Character: PRIVATE PROPERTY

Motor Vehicle Unit 1

Roadway Surface: GRASS HILL
**** END OF AUTO-POPULATED SECTION ****

REPORT NO. E547244

CASE#

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